



APPLICATION FOR RENEWAL OF EMPLOYMENT AGENCY LICENSE

(Answer All Questions - Use reverse side if more space is needed)

Present License No.

1. NAME UNDER WHICH AGENCY IS PRESENTLY CONDUCTING BUSINESS	1A. MAIN TYPE OF PLACEMENTS	2. BUSINESS TELEPHONE AREA CODE AND NO.
3. PRESENT BUSINESS ADDRESS CITY-TOWN-VILLAGE COUNTY ZIP CODE	4. OWNER IS (Check One)	
	<input type="checkbox"/> SOLE PROPRIETOR	
	<input type="checkbox"/> PARTNERSHIP	
	<input type="checkbox"/> CORPORATION	

5. Average Number of Placement Employees During Preceding Calendar Year _____

6. Name and address of present owner. If partnership, list all partners; if corporation, list all officers with appropriate titles. (If name of owner(s) has changed since last license was issued, request new license application form LS-355)

NAME AND HOME ADDRESS	TITLE	HOME TELEPHONE

7. NAME AND HOME ADDRESS OF PERSON WHO IS DIRECTING AND OPERATING THE PLACEMENT ACTIVITIES OF THE AGENCY

8. Does applicant intend to recruit persons from outside the state for employment as domestic or household employees? YES NO
 If "Yes", give data regarding each emigrant agent. Submit photostatic copy of each licensed emigrant agent's license.

NAME AND ADDRESS OF EMIGRANT AGENT	STATE (Country if not U.S.) IN WHICH OPERATING	LICENSE NO.	DATE LICENSE EXPIRES	NAME, ADDRESS, AND TITLE OF ISSUING OFFICIAL

9. Does applicant intend to provide or arrange for lodging for applicants for employment or for any person doing business with the agency? If "Yes", give details regarding each location. YES NO

NAME AND ADDRESS OF PREMISES WHERE LODGING WILL BE FURNISHED	TELEPHONE NO.	NAME OF PERSON IN CHARGE

10. Does applicant provide Hospitalization insurance for overseas domestics? YES NO
 If "Yes", give name of insurance company and policy number.

NAME OF INSURANCE COMPANY	POLICY NUMBER

11. Since issuance of the last license, was any person listed in item 6 convicted of any crime or offense other than a traffic infraction? If "Yes", give full details: YES NO

NOTE

Application must be accompanied by: (a) surety bond naming the people of the State of New York as obligee, in the penal sum of \$5,000, except penal sum of \$10,000 required for modeling agencies and agencies engaged in recruiting domestic or household employees from outside the continental United States; (b) check or money order for the required fee, payable to the Commissioner of Labor; (c) photocopy of each licensed emigrant agent's license; **AND**

FROM YOUR INSURANCE COMPANY, YOU MUST OBTAIN A COMPLETED C-105.2 PROVING WORKERS' COMPENSATION INSURANCE COVERAGE AND A COMPLETED DB-120.1 PROVING DISABILITY INSURANCE COVERAGE, AND PROVIDE THEM TO THIS OFFICE. OTHER ACCEPTABLE FORMS OF PROOF: U-26.3 FROM SIF; OR IF SELF-INSURED, SI-12 OR GSI-105.2 FOR WC AND DB-155 FOR DISABILITY.

IF **NOT** LIABLE FOR WC AND/OR DISABILITY INSURANCE PROVIDE COMPLETED WC/DB-100 (REPLACES C-105.21 FORM) TO THIS OFFICE. THIS FORM IS AVAILABLE AT www.wcb.state.ny.us UNDER "COMMON FORMS ON-LINE", YOU MAY CONTACT THE WORKERS' COMPENSATION BOARD AT (518) 474-6967 FOR ASSISTANCE IN OBTAINING THIS FORM. WHEN CALLING, WAIT AFTER THE MENU FINISHES FOR SOMEONE TO GIVE YOU ASSISTANCE.

THE STATEMENTS MADE IN THIS APPLICATION ARE SUBSCRIBED AND AFFIRMED BY ME AS TRUE UNDER THE PENALTIES OF PERJURY

12. Signature of owner. If a corporation, must be signed by president and treasurer; if a partnership, by all partners.

SIGNATURE(S) OF PERSON(S) MAKING APPLICATION	TITLE	DATE

ALL INFORMATION AND MATERIAL SUBMITTED IS SUBJECT TO INVESTIGATION BY THIS DEPARTMENT